

WALTER RABON
COMMISSIONER

MIKE ENGLAND
COLONEL

RENEWAL APPLICATION

**SCIENTIFIC COLLECTING PERMIT
\$80.00 FEE MUST ACCOMPANY APPLICATION**

MEMORANDUM

Please complete renewal application **legibly and** list your Licensee ID number. (Located top middle of permit) and mail to the Special Permit Unit along with supporting documents, and **fee of \$80.00.**

Please check the permit season box in the right top corner as to when you want this permit, you're applying for to start. All permits expire March 31st of each year.

If there are no changes from the previous year, only a 2-page application is required.

If you are mailing a check separate from application, please make sure that your name and DNR customer ID number is on the check or memo. Mailing separately and missing information will cause delay in processing.

Allow at least four to six weeks for the processing of your application.

Contact Jamie Hawkins, Special Permit Unit Coordinator at 770-918-6408 (press option 2 for Law Enforcement) with any application and permit questions.

**** Reports Only ****

*A required electronic collection report for your **Scientific Collecting** is to be submitted to **DEVIN RAMBO** AT DEVIN.RAMBO@DNR.GA.GOV Before a permit will be renewed.

A template of the data form can be downloaded at <http://georgiawildlife.com/conservation/species-of-concern>

Please mail ALL renewal applications, documents, and fee to:

**Department of Natural Resources
Law Enforcement Division
Attn: Special Permit Unit
278 U.S. Hwy 278
Social Circle, GA 30025**

Since it will not be possible to process all renewals by the expiration date, keep a copy of your renewal application with your previous permit to continue your currently permitted activities until your renewal has been processed.

While completing your renewal application, please review the conditions of your previous permit and ensure that they are complete and accurate.

If you have added a project or your permit has changed in any way from the previous year, please make sure to note this on the application, and provide a proposal, supporting documents such as resumes and a list of sub-permittees to be added to the permit.

This will help to ensure that your permit is accurate when reissued. If you have questions about your application or the use of your permit, you may contact the Special Permit Unit at (770)-918-6408.

Please allow 4-6 weeks for processing

Rev/7/2024 jrh



GEORGIA DEPARTMENT OF NATURAL RESOURCES
LAW ENFORCEMENT DIVISION
Serving Since 1911

Walter Rabon
Commissioner

Mike England
Colonel

Scientific Collecting permits are valid from April 1st through March 31st.
Please check your start date:
_____ Start ASAP - permit ending this March 31st
_____ Desired start date April 1st

RENEWAL APPLICATION
SCIENTIFIC COLLECTING PERMIT
\$80.00 FEE MUST ACCOMPANY APPLICATION rev 7/2024

DNR Customer Licensee Number _____

Applicant Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Business #: _____ Cell # _____

College, University, or Consulting Company Scientific Affiliation: _____

If differ from above: Mailing Address: _____ City: _____ State: _____ Zip: _____

Reporting

I filed my prior collection data electronically to Devin Rambo at devin.rambo@dnr.ga.gov No Yes

I did not collect anything last year; I sent an email to devin.rambo@dnr.ga.gov stating this. No Yes

Permit Changes /Amendments

No I have no changes from previous project(s) permit proposal (Species, numbers, or collecting method) > **Move to Payment portion, date & sign.**

Yes I would like to request the following changes : Please Specify below: I have attached my project(s) proposal and CV's. (required)

I desire to collect the following species: _____

I desire to collect by the following methods (specify type, size of gear, etc.): _____

Collection dates or Frequency: _____

Please remove previous projects that have been completed (specify the project to be removed from permit): _____
Please add (highlighted) attachments.

Please check if you will have sub-permittees collecting outside of your direct supervision If so, please attach a list of sub-permittees along with their (*Curriculum Vitae) if not already on file.

PAYMENT METHODS – Payment must accompany application.

(Preferred payment method) DNR only accepts: Visa: MasterCard: Discover

Paying by credit card - Enter card # here: > _____/_____/_____
Expiration Date: ____/____ Security Code # _____ card zip code: _____

Credit Card Signature: _____ Email credit card receipt to: _____

***** If you choose not to put your credit card information, here, please call SPU @ 770-918-6408 (LE) as soon as possible. Delay in calling us can result in processing delays.**

Paying by check or money order, please make check payable to Department of Natural Resources (DNR) Check # _____

Mail applications & required documents to:
Attn: Special Permit Unit, 2070 U.S. Hwy 278, Social Circle, GA 30025

Please check the taxonomic groups you would like to be permitted for:

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Amphibians | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Migratory | <input type="checkbox"/> Non-migratory | |
| <input type="checkbox"/> Reptiles | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Gopher Tortoise Burrow Survey / Indigo Survey | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Gopher Tortoise Burrow Survey / Indigo Relocation | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Mammals <input type="checkbox"/> Including Bats | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Freshwater Fishes | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Freshwater Mussels and/or Snails | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Non-Mussel Freshwater Invertebrates | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Coastal & Estuarine Fishes | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Coastal & Estuarine Invertebrates | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |
| <input type="checkbox"/> Marine Mammals | <input type="checkbox"/> Non-Listed | <input type="checkbox"/> State Listed | <input type="checkbox"/> Federally Listed |

List Specific species and numbers to be collected here (use attachments if necessary):

Species or Groups

Common Name

Scientific Nomenclature

Numbers

I desire to collect at the following locations (for aquatic species, please check the river basins on the attached map where you plan to collect during the permit year. For other species please indicate the county, physiographic region or specific land area where you wish to collect). Please be as specific as possible to ensure a speedy processing of the permit.

- | | | |
|--|--|---|
| <input type="checkbox"/> Tennessee Basin | <input type="checkbox"/> Coosa Basin | <input type="checkbox"/> Tallapoosa Basin |
| <input type="checkbox"/> Chattahoochee Basin | <input type="checkbox"/> Savannah Basin | <input type="checkbox"/> Oconee Basin |
| <input type="checkbox"/> Ocmulgee Basin | <input type="checkbox"/> Flint Basin | <input type="checkbox"/> Ogeechee Basin |
| <input type="checkbox"/> Altamaha Basin | <input type="checkbox"/> Satilla Basin | <input type="checkbox"/> Suwannee Basin |
| <input type="checkbox"/> Saint Marys Basin | <input type="checkbox"/> Ochlockonee Basin | |

O.C.G.A. § 16-10-20: "A person who knowingly and willingly makes a false, fictitious, or fraudulent statement...in any matter within the jurisdiction of any department or agency of state government...shall, upon conviction thereof, be punished by a fine of not more than \$1000 or by imprisonment for not less than one or more than five years, or both."

_____ Date

_____ Signature (in ink)